

**CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10.							60			
11		1					61			
12							62			
13							63			
14							64			
15							65			
16							66			
17	1						67			
18							68			
19							69			
20	1						70			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total							Total			
Dep	3						Indep			
Total							Total			
Depend.	16						Depend			
Total							Total			
Claims	19						Claims			